



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

MAY -8 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Garden Counseling Center LLC

2. The complete street and mailing addresses of the initial designated/principal office:

819 W. 12th Bozelle Idaho 83201

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Brett M. Tudd

(Name)

15149 W. Lacey Rd. Bozelle Id.

(Street Address)

83202

4. The name and address of at least one member or manager of the limited liability company:

Gina H. Tudd

Name

15149 W. Lacey Rd Bozelle Id. 83202

Address

5. Mailing address for future correspondence (annual report notices):

15149 W. Lacey Rd. Bozelle Id 83202

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Brett M. Tudd

Signature

Typed Name: Gina H. Tudd

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
05/08/2009 05:00
CK: 1003 CT: 236906 BH: 1169592
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